



Enter & View

Caton House – Bletchley MK3 5NR
July 2023

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2 Introduction

2.1 Details of visit

Service provider	Sanctuary Care Ltd
Date and time	21 st July 2023 9.30am to 4pm
Authorised representative	Helen Browse

2.2 Acknowledgements

Healthwatch Milton Keynes would like to thank the service provider, staff, service users and their families for their contribution to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

2.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

3 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

3.1 Purpose of visit

The purpose of this Enter and View programme was to engage with residents, their relatives, or carers, to explore their overall experience of living in Caton House Care Home. As well as building a picture of their general experience, we asked about experiences in relation to social isolation and physical activity.

3.2 Strategic drivers

For this coming year Healthwatch Milton Keynes will be working in partnership with Milton Keynes Council, undertaking joint visits so that a well-rounded view of the operation of the care home/service can be understood. Healthwatch Milton Keynes will be specifically focusing on the experiences of the services users and their loved ones.

Social isolation and/or loneliness has been recognised as having an impact on people's physical health and emotional wellbeing. COVID 19 has increased and intensified loneliness and isolation by the very nature of the way in which we have had to manage and reduce the spread of the virus. The 'Hands, Face, Space' guidance and the regulations imposed by the UK Government has resulted in services users not being able to interact with loved ones and friends for over a year. Furthermore, the inability to have social time with other residents has exacerbated the feeling of loneliness and isolation.

It is important to understand the distinction between loneliness and isolation. Age UK defines 'isolation' as separation from social or familial contact, community involvement, or access to services, while 'loneliness' can be understood as an individual's personal, subjective sense of lacking these things. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated.¹ There is a link between poor physical health and increased isolation as loss of mobility, hearing or sight can make it more difficult to engage in activities. It is, therefore, important to explore how residents of care homes in Milton Keynes are able to access physical activity alongside social activity.

Healthwatch Milton Keynes understands the pressures the COVID 19 pandemic has placed upon both services and service users alike. We have received a significant amount of feedback with regards to the necessary changes made to service delivery required to promote safety for all. It is our intention to be able to formally report the impacts of the COVID 19 regulations on both services and those who use the services and their loved ones through this year's Enter and View Programme.

¹ <https://publichealthmatters.blog.gov.uk/2015/12/08/loneliness-and-isolation-social-relationships-are-key-to-good-health/>

3.3 Methodology

The visit was prearranged in respect of timing and an overview explanation of purpose was also provided.

The Authorised Representative (ARs) arrived at 9.30am and actively engaged with residents between 10:00am and 4:00pm

The visit was conducted in a COVID safe manner with the appropriate PPE as agreed in advance with the provider.

On arrival the AR(s) introduced themselves to the Manager and the details of the visit were discussed and agreed. The ARs checked with the provider whether any individuals should not be approached or were unable to give informed consent. The Manager provided the AR with a thorough tour of the Home and introduced them to staff and residents along the way. The AR was subsequently afforded access to all parts of the Home for the duration of the visit.

The AR used a semi-structured conversation approach (see Appendix A) in meeting residents on a one-to-one basis, mainly in the communal areas. The checklist of conversation topics was based on the pre-agreed themes for the Care Home visits. Additionally, the AR spent time observing routine activity and the provision of lunch. The AR recorded the conversations and observations via hand-written notes.

Residents were approached and asked if they would be willing to discuss their experiences. It was made clear to residents that they could withdraw from the conversation at any time. A total of fourteen residents with seven family members took part in these conversations.

In respect of demographics: -

Five residents were male and nine were female with an age range of 53 to 96 giving an average age of 82 years.

At the end of the visit, the Manager was verbally briefed on the overall outcome.

4 Summary of findings

4.1 Overview

Caton House was built in the early 1990s and is a purpose-built Care Home laid out over two floors, with nursing care provided on the first floor and residential care on the ground floor. The Home is registered to provide nursing and personal care to a maximum of 62 residents. At the time of our visit there were 57 people living at Caton House; with 32 residents housed on the first floor, which is the nursing floor and 25 residents in the general residential area situated on the ground floor.

As well as providing general residential, nursing, and dementia care, Caton House also offer a non-residential day centre on the ground floor for up to 10 individuals.

The home was undergoing refurbishments at the time of our visit, all handrails were being updated and corridors were about to be decorated.



4.2 Premises

Caton House is close to both Bletchley and Central Milton Keynes and is situated on a quiet housing estate with easy access and off-street parking for visitors and garden views for most of the ground floor residents, with all bedrooms being ensuite.

Each floor has its own lounge and dining area to accommodate residents however residents, who are able, can move freely to dine and join activities where they choose in the care home.

The ground floor has a large light bright room that incorporates a dining area and has a cosy seating area in the window. This is situated alongside the onsite kitchen where all the meals are prepared for the care home, including all snacks and cakes.



There are a number of small cosy seating areas dotted about the care home, plenty of books to allow people to sit quietly, or encourage chat and conversation between residents. The upstairs lounge also has a large bookcase full of books and puzzles available for residents.

The change of handrails, removal of all wall decoration in the hallways for the decorators to begin work does not appear to have disturbed the residents. People told us they were pleased that the drilling had stopped but, even though the walls were now completely blank, no one particularly minded the changes being made.



We observed good photo box signage at bedroom doors. This included people's work and hobby details, a current photo of the resident, with the person's preferred name on the room door with the room number. All bedrooms are light and airy and of a good size.

There is a permanent hairdressers salon, with Thursday being the dedicated Hairdressing Day



Most flooring was easy-clean laminate or lino flooring, while some areas were still carpeted – as the home is under a program of redecoration it will be lovely to see the new look of the home in the future.

4.3 Staff interaction and quality of care

Staff interactions, on the day of the visit, were observed to be kind and caring.

It was good to see that the testing of the fire alarm was so routine that it did not surprise or bother the majority of residents. Staff were very quick to reset all fire doors and to make sure residents were at ease.

The lunch service on the two separate floors were quite different. The service begun at around 12.30 with those eating in their rooms having their meals delivered first, then the first-floor dining room is served with those on the ground floor getting their meals around 1pm.

While the lunch service was not started by 12:30 for the eleven people in the first-floor dining room, by 1:10 the main had been cleared away and people were happily eating their dessert. We saw that the residents who needed support being assisted with their meals and staff were offering drinks and encouraging people to finish meals and have dessert.

The ground floor dining room was full and awaiting their lunch by 1pm with residents chatting happily amongst themselves. A total of 18 residents were observed, some needing assistance from staff and one sitting with a family member, but all eating well. There was a combination of meals from the days menu as well as meals the kitchen had prepared for those who had wanted something different.

We noted that all of the food looked and smelt appetising and family members told us that they were offered meals if they were visiting at mealtimes. People also told us that the food was good.

"Make relatives feel really welcome and keep us well informed."

Residents and families told us that, on the whole, the staff were friendly and kind. However, because people also told us that there were not always enough staff, this affected the level of care or attention that was able to be given to each person. People also said that because of low staff numbers, call bells were not responded to in a timely manner. Some people said that the wait meant they were sitting in soiled continence pads for 30 minutes or more.

"My favourite thing is the kindness they show Mum."

"Only came for a couple of weeks, decided to stay, like it here."

"Staff are kind, caring and respectful."

"Some staff are a bit rough; most are really kind and caring."

"Like some staff more than others."

We also heard from a number of residents and their families that staff could be quite rough when providing personal care. Family members mentioned the amount of bruising that loved ones had, but also said that when they asked about the bruising, they were shown the incident log, and these had been noted.

We asked residents and their families if they had been involved in creating their care plans, and while a few people knew of their care plans, the majority of people said no or didn't know what a care plan was.

Residents with more complex needs spend more time in their rooms, this in part is due to the nature of their conditions. While there is not can be done to change this, however individuals can feel lonely and isolated when family members are not with them.

“Wish I could spend more time with people.”

The residents who are at the home on an End-of-Life pathway, and their families, said that it that takes a long time for call bells to be responded to, whether this be for personal care, medication requests or any other reason. They feel that, when someone is dying, there should be a higher level of attention and compassion to ensure that a person's last days are comfortable and dignified.

Some of their comments

“More staff would be good.”

“Do think they need more staff.”

It was not clear what provision was in place for those residents with additional speech and language needs. One resident who is of a non-English background is grateful that there are staff who speak their native language, but for those with little or no speech following health issues there was no evidence of speech or language therapy or additional one-to-one time with care staff. Many individuals are spending much of their time alone so not maintaining the abilities that they do have.

4.4 Social engagement and activities

There are two activities staff at the care home and there is a planned schedule of activities, along with a group of residents who like to join in with the gardening activities keeping the flowers and a few vegetables and fruiting trees and plants looking lovely.

Caton House Care Home		Activities timetable Week Beginning Monday 17 th July 2023					
	Monday 17 th	Tuesday 18 th	Wednesday 19 th	Thursday 20 th	Friday 21 st	Saturday 22 nd	Sunday 23 rd
AM	9.00am diary sheets 10.00 Gardening or Quiz Dining room	11.00 Chair Exercises with Rebecca in Residents lounge	11.30am Musical Bingo in the dining room with Rebecca	10.00 Reminiscence A-Z Quiz With Rebecca Residents Lounge	11.30am Hand Massage with Rebecca in the lounge	11.30am Quiet morning in both lounges refreshments served	12.30pm Pre lunch drinks in the dining room & nursing lounge
PM	2.15pm Singalong With Lorraine in the dining room	2.15pm Choir Practice With Rebecca in the lounge	2.15pm Concert DVD Residents lounge 1-2-1 visits Rebecca	2.15pm Games Afternoon With Lorraine in the dining room Sensory Afternoon on Nursing floor with Rebecca	2.15pm Afternoon drinks in the lounge	2.15pm Films/Tv in both lounges	2.15pm Films/Tv in both lounges with tea and cake

On the Wednesday we visited, the activity coordinator visit was carrying out the hand massage activity and one to one visits, as advertised, to those who wanted them. She was very attentive and clearly well-liked by all residents, chatting and laughing with residents in the lounge, in their rooms, and reminding them of the afternoon tea-time treat to come. She was also cleaning residents' spectacles as she passed, everything done with a chat and a smile, she knew all residents by name, and they her.

During the afternoon in the downstairs lounge there was a 'tea and cake' afternoon get together which was well attended and Mamma Mia on the TV.

By late afternoon residents were settled in the first-floor lounge watching gardening on TV with a cup of tea.

5 Recommendations

- A suggestion has been made to all Care Homes to develop a Biography service. This could be carried out by a local school or parish volunteers. Residents can record memories of their life or may wish to write letters to specific people in their family. Photos could be included, the biography can be as short or long as they want, this can be incorporated into existing reminiscence therapy sessions.
- If help is required with activities or support for residents with dementia, it may be useful to contact a local memory club:
<https://www.healthwatchmiltonkeynes.co.uk/advice-and-information/2019-07-08/dementia-memory-clubs-and-support-groups>
- Review the status of those currently bedbound residents and consider whether they could be helped to be more mobile through better equipment or physical therapy.
- Consider ways of alleviating isolation for those residents that have mobility issues, more one to one time with care staff, more time in group situations, enlist the help of volunteer groups such as befriending services to sit and talk with residents.
- Explore options for more varied activities that could be inclusive of those less mobile residents or look at designing an activity program specifically bedbound residents, particularly those who also have sight and hearing impairments.

We would like to draw your attention to the 'We said, they did' response received from the previous management, and would like to hear how these [actions](#) have been maintained or embedded as these may address some of the recommendations made in this report.

6 Service provider response

Caton House strives to enrich residents' lives and put them in the heart of everything we do. We welcome the report from Healthwatch as it is an opportunity for us to learn and improve the service from this type of feedback even though some of the feedback provided is subjective. We are also pleased to see that majority of the residents and their relatives had positive impressions of the service and commended on the kindness of our staff

Upon reviewing of the report we have developed the below action plan.

We have relaunched our Resident of the day, and we actively seeking the residents and their loved ones input in the formulation and review of the care plan, this occurs minimum monthly and all Head Of Departments are making their input as well. Resident and relatives' meetings continue and any issues brought to the managers attention are dealt with promptly.

Further training has been rolled out, specifically on moving and handling. One of our staff have recently completed 'train the trainer course' and in this way we can immediately address with training if any concerns arising from moving and handling techniques. Any bruising is dealt with seriously and investigated. Some residents will have fragile skin and staff are taught to be extra careful and this is documented in the care plan. Staff receive rigorous training on Safeguarding and Dementia.

Our staff deployment is appropriate for our resident's needs. This is reviewed with every admission and collectively every month, with multitude indicators modelling, we complete a dependency tool reviewing, incidents, accidents, rota management, all staff are completing additional training on supporting residents with learning difficulties.

Call bells are managed via an electronic record system, the senior management within the home reviews the logs daily, in case of any abnormalities, then the home manager will investigate the reasons of the delay. The vast majority of call bells are responded to in 5 minutes, it is acknowledged that if an emergency occurs then there may be slighter longer delay.

Activities provisions are getting a major uplift. We have partnered with Oomph and we are now able to further support residents with a variety of activities, even those residents that due to the high clinical complexities do not permit them to engaged on a wider group activity. We now have a good volunteer base, and they are working with individuals on a 1-1 basis for activities within rooms for those residents who are unable to or who prefer not to join group activities.

We have a robust complaints policy and if a complaint is received it is logged onto our Governance system and investigated.

Appendix A

About You (Optional questions)				
Your Name				
How long have you been living here?				
Your provider and your care	Yes	No	Don't Know	Comments
Do your carers treat you with respect and dignity?				
Have you read and signed your support plan?				
If you were unhappy about your care, could you tell someone? Who would you tell?				
Do you think the people who look after you would fix any complaints you had?				
How have your carers helped you stay active/engaged?				
How have your carers helped you stay in contact with friends/family?				
Your Choices	Yes	No	Don't Know	Comments
Do you get to choose your food?				
Do your carers ask your permission before helping you?				
Do you have enough interesting things to do?				
Do your carers give you the information you need to help you make choices?				

Are there always snacks and drinks available when you want them?				
Safeguarding, dignity, and privacy	Yes	No	Don't Know	Comments
Do you feel safe?				
Do you think there are enough staff?				
Have your carers told you what to do if you feel unsafe or at risk?				
Concerns				
Is there anything you don't like about your carers?				
And Finally				
What is your favourite thing about your carers/living here?				
If you could change one thing about your care, what would it be?				



healthwatch

Milton Keynes

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